

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000005660

1. Entity Name

BAYSHORE TOWNHOUSES OF PINELLAS HOMEOWNERS ASSOC

FILED
Feb 01, 2000 8:00 am
Secretary of State

02-01-2000 90062 041 ****61.25

Principal Place of Business

Mailing Address

26750 US HWY 19 N. STE 301
CLEARWATER FL 33761

26750 US HWY 19 N. STE 301
CLEARWATER FL 33761-3455

2. Principal Place of Business

2595 Tampa Road

3. Mailing Address

2595 Tampa Road

Suite, Apt. #, etc.

Suite H

Suite, Apt. #, etc.

Suite H

City & State

Palm Harbor, FL

City & State

PALM Harbor, FL

4. FEI Number

59-3539868

Applied For

Not Applied For

Zip

34684

Country

USA

Zip

34684

Country

USA

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

LARSON, ROGER A
911 CHESTNUT ST
CLEARWATER FL 33756

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE PD
NAME HUTCHINSON, ROBERT B
STREET ADDRESS 26750 US HWY 19 N, STE 301
CITY-ST-ZIP CLEARWATER FL 33761 ☐ Delete

TITLE VPD
NAME SHARP, DON
STREET ADDRESS 26750 US HWY 19 N, STE 301
CITY-ST-ZIP CLEARWATER FL 33761 ☐ Delete

TITLE TSD
NAME ESKEW, ROBERT
STREET ADDRESS 26750 US HWY 19 N, STE 301
CITY-ST-ZIP CLEARWATER FL 33761 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Add

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Add

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Add

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CITY-ST-ZIP ☐ Change ☐ Add

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NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Add

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with another like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/20/00

Date

(727) 669-24

Daytime Phone #